PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number			nber			
Effective October 1, 2000									09764361						
CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER THAN			
T	OTAL CLAIMS		(Colum	n 1)	(Coli	umn 2)		TYPE			OR SMALL ENT				
·			13					RATE FE		FEE	]	RATE	FEE		
FOR			NUMBER FILED		NUM	MBER EXTRA		BASIC FEE 35		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		• 6	0		X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			H minus 3 =		<u> </u>			X40=			OR	X80=	80.00		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				.405						80.00		
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=			OR	+270=				
CLAIMS AS AMENDED - PART II								TOTAI	- L		OR	TOTAL	790 W		
_	(Column 1) (Column 2) (Column 3)							SMAL	L E	NTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING		HIGH NUMI		PRESENT	lΓ			ADDI-	[		ADDI-		
		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE		TIONAL FEE	-	RATE	TIONAL FEE		
	Total	• //,	Minus	:	2	= -		X\$ 9=		/	OR	X\$18=	,,,,,		
	Independent	NTATION OF M	Minus	••• (	1	-		X40=			OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							İ	+135=	十			+270=	/		
							L	TOTA			OR	TOTAL			
	(Column 1) (Column 2) (Column 3)							ADDIT. FEEOR ADDIT. FEE							
AMENDMENT B	194 . w 1 1 1 4 4 1	CLAIMS REMAINING		HIGHI NUME	EST		ſ		1	ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL		
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ليا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR				
							L	+135=	╀		OR	+270=			
	•							TOTAL DDIT. FEE			OR A	TOTAL DDIT. FEE			
	0 (1.1871.43)	(Column 1) CLAIMS		(Colum		(Column 3)									
AMENDMENT C		REMAINING AFTER		NUMB PREVIO	ER	PRESENT EXTRA		RATE		ADDI- ONAL		RATE	ADDI- TIONAL		
	S AND STATE OF	AMENDMENT		PAID F		CATTA			•	FEE	↓ ↓	INCIE	FEE		
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		NTATION OF MI		PENDENT	CL AIM	=		X40=			OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=											F	+270=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.															
****	the "Highest Nur	mber Previously Pa ber Previously Paid ber Previously Paid	id For' IN THIS	S SPACE IS	lace that	2 antor #2 "		DDIT. FEE			OR AI	DDIT. FEE 🕻			
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FORM PTO-875 (Rev. 8/00)

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